are delayed union and overgrowth of connective tissue in the nerve at the seat of the operation. It is hardly advisable to cut a healthy nerve entirely across, as Kilvington suggests, on account of these dangers, but where the fibers are small, as are those supplying the anterior tibial muscle, probably a sufficient number of nerve fibers are cut in the healthy nerve by the longitudinal slitting and the insertion of the diseased fibers within the slit. In a number of cases there is a distinct difference in the degree of paralysis of the flexor and extensor muscles in a hemiplegia developing in early life. Athetosis only occurs when the paralysis is incomplete, but in severe athetosis the patient has little or no voluntary control of his limbs, and the flexors are usually much more powerful than the extensors in the upper limbs. It was suggested by Dr. Spiller that there could be switched off, so to speak, some of this excessive innervation of the flexors into the extensors by nerve transplantation, in this way establishing a more nearly normal relation between certain groups of muscles and their opponents, and by the division of the nerves lessen the athetoid movements probably permanently. This operation was tried on a man nineteen years old, who had had athetosis all his life, except possibly during his first year. His upper limbs were jerked about most violently, but the flexor muscles were far more powerful than the extensors. The first operation was done on the left extremity—lateral anastomosis of the divided median and ulnar nerves to the musculo-spiral nerve. After this operation the movements were almost entirely confined to the muscles of the shoulder. At a second operation on the left upper extremity the circumflex and musculo-cutaneous nerves were divided and an end to end anastomosis effected between the central ends of the one and the distal ends of the other. Seven and a half months after the operation the results were encouraging, the patient is far more comfortable than before, and there is nothing to indicate that the athetosis will return. It is important to have established that, with partial paralysis produced by operation on nerves, athetosis disappears. Though the musculo-spiral nerve was not cut transversely, yet a partial return of function occured in the distributions of the median and ulnar nerves. This result justifies the end-to-side anastomosis which has been advised for the treatment of anterior poliomyelitis when the paralysis is confined to one or two muscles.

C. D. Camp (Philadelphia).

Tabes Dorsalis. By David Ferrier (The British Medical Journal, March 31, April 7 and 14, 1906).

After discussing the different theories of the pathogenesis of the disease, the author adopts the hypothesis of Turner and Hauser that the essential lesion is a dystrophy, similar to that, induced by certain toxic agents, affecting the sensory protoneurone as a whole and manifesting itself by degeneration of both the central and peripheral terminations of which the intramedullary are the most vulnerable and are usually the first to exhibit anatomical change. The author is in favor of ascribing a syphilitic origin to the disease. Concerning a diptheroid bacillus as the cause, as expounded by Ford Robertson, the author has made some supplementary researches and gives as his verdict "not proven." The physiological pathology of tabes is discussed with especial reference to the ataxy and the tabetic pupil, the latter being explained by the degeneration of the ciliary ganglion.

C. D. Camp (Philadelphia).

Tetany. A Report of Nine Cases. By Campbell P. Howard, M.D. (The Amer. Jour. of the Med. Sciences, February, 1906).

Nine cases are reported in detail, seven in adults. Six of the cases were of gastric origin, one of purely intestinal origin, is "the only adult case in the American literature of the past decade." The infantile cases both showed signs of rickets. None of the accesory phenomena, Erb's, Trousseau's, Chvostek's or Hoffman's were constantly present. The author adopts the etiological classification of Frankl-Hochwart. The pathogenesis of tetany is still conjectural, but in one of the cases in this series there was found evidence of abnormal activity of the cells of the parathyroid gland, a suggestive finding. C. D. CAMP (Philadelphia).

RESEARCHES ON THE BLOOD OF EPILEPTICS. By B. Onuf, M.D., and Horace Lográsso, M.D. (The Amer. Jour. of the Med. Sciences, February, 1906).

The study of the formed elements of the blood was carried out on one patient, a hystero-epileptic colored man. It was found that a leucocytosis may be present directly before a seizure and is then, of course, not a purely secondary phenomenon produced by the seizure. A grand mal seizure need not necessarily be preceded or ushered in by a leucocytosis. There is no absolute parallelism between seizure and leucocytosis in so far as, even when a distinct leucocytosis is present, such may reach its height at different periods in different seizures. The leucocytosis is in part at least independent of the seizures. C. D. CAMP (Philadelphia).

ABSCESS OF THE BRAIN, WITH A REPORT OF FIVE CASES. By H. F. Stoll, M. D. (The Amer. Jour. of the Med. Sciences, February, 1906).

Five cases are reported in detail and a general review is given of the course, symptoms, diagnosis and differential diagnosis of the disease. The interesting feature of the first case is the etiology, which is considered to have been a slight trauma to the head. The second was metastatic, the primary focus being in the lung. In the fourth case, abscess of the right tempero-sphenoidal lobe, the patient lost the use of English and was able to understand only Swedish, his mother tongue. The treatment recommended is a prompt operation when the diagnosis is "reasonably certain."
C. D. CAMP (Philadelphia).

GENIUS AND DEGENERATION. By H. Edwin Lewis (The Alienist and Neurologist, February, 1906).

Genius—stated to be the capacity for spontaneous imagination, or imagination *de novo*, therefore unreal.

Talent—is skilful technique, applied to material or pre-existing things, and is essentially real. As geniuses, Poe, Whitman, Rembrandt and Wagner are contrasted with Shakespeare, Tennyson, Goethe, Holmes, Bonheur, Alma Tadema, Sargent, Reynolds, Beethoven, Gounod, considered talented. Genius is thought to be evidence of a degenerate and unhealthy mental state, exhibited by the former ones mentioned, in certain of their productions, also by their varied erratic or insane characteristics, and manners of life. As a preventative measure of possible mental retrogression, the cultivation of more healthful tastes in literature, art and music is urged, particularly in the training of young minds.
J. E. CLARK (New York).

GENERAL CONDITIONS AND INSANITY. By H. A. Tomlinson (Journal A. M. A., March 17).

The author emphasizes the importance of general pathologic conditions, especially of general metabolism, in insanity. "Mental aberration," he says, "in its clinical and pathologic aspects, has to do primarily with the potentiality of the nervous organization of the individual, and secondarily, with the perverted or defective processes of metabolism, as they affect the nutrition of the nervous system. In other words, we have to recognize that the degenerative process which makes mental aberration apparent is primarily a general one, affecting the vegetative functions." An analysis of the record of the patients received at the St. Peter's Hospital during the past nine years is used to illustrate his argument, and he concludes from all the data